

Application # _____



**DEPARTMENT OF COMMUNITY SERVICES
AND RECREATION**

5 Linsley St., North Haven, CT 06473 · 203-239-5321 x500

APPLICATION FOR EMERGENCY ASSISTANCE

Name _____

Address _____

Phone _____

Today's Date _____

Statement of Need

Income

List all members living in household. Use additional space on back if necessary.

Household member	Age	Income Source	Amount for month
Household member	Age	Income Source	Amount for month
Household member	Age	Income Source	Amount for month
Household member	Age	Income Source	Amount for month

Total Annual Household Income

Assets

You must provide verification of liquid assets for all members over the age of 18 in household. Please refer to your most recent bank statements to obtain this information and add it to the grid below.

RESOURCE	CURRENT VALUE	BANKING INSTITUTION
Checking account(s)	\$	
Savings account(s)	\$	
Credit union accounts (s)	\$	
Stocks/Shares	\$	
Bonds	\$	
Certificate(s) of Deposit (CD)	\$	
Individual Retirement Accounts* (401K, etc.)	\$	
Other (specify):	\$	
	\$	
TOTAL	\$	

Housing

Do you own your home? Yes No What is your monthly mortgage? _____

Are you currently renting? Yes No What is your monthly rent payment? _____

Landlord contact information: _____

Do you pay property tax in the Town of North Haven? Please list. _____

Certification

I hereby verify that all of the information provided by me in order to obtain assistance from the Town of North Haven Department of Community Services and Recreation is true and correct to the best of my knowledge and belief.

I have also reviewed and been given a copy of the Emergency Fund Guidelines and Disclaimers. _____
Please initial.

Applicant's Signature*

Date

STAFF USE ONLY. DO NOT WRITE ON THIS PAGE.**Applicants must be a resident of the town of North Haven.**

- Photo identification provided? Y / N
- Application for assistance completed? Y / N
- Income documentation (for each working individual over age of 18) provided? Y / N
- Most recent bank statement(s) provided? All pages? Y / N
- If renter, copy of lease provided? Y / N
- Assessor's office contacted for tax payer verification? Y / N

To be considered eligible:

-Combined household income should not exceed 60% of the Annual State Median Income Guidelines. See below.

*Refer to grid and circle the one that applies. Based on number of family members, total annual income must fall under this amount.

-Assets should not exceed \$3,500 as renter, \$5,000 as homeowner

CT DSS Low Income Energy Assistance Program (LIHEAP) Block Grant 2016-2017 Allocation Plan

MAXIMUM INCOME ELIGIBILITY	60 Percent of Estimated State Median Income*							
	1-Person Family	2-Person Family	3-Person Family	4-Person Family	5-Person Family	6-Person Family	7-person Family	8-person Family
	\$33,881	\$44,305	\$54,730	\$65,155	\$75,580	\$86,005	\$87,959	89,914

Has documentation verifying income and assets been provided? Y / N

Applicant's Total Annual Household Income = _____ Qualify under income guidelines? Y / N

Applicant's Total Assets = _____ Qualify under asset guidelines? Y / N

*Eligibility requirements may be waived by Director of Finance due to special circumstances Waived? Y / N

Comments / Recommendations **Date to Complete** **Completed**

Assistance towards payment for: _____

Company: _____ Amount: _____

Additional comments _____

Receipts Required? Yes No

*All receipts must be submitted to the Department of Community Services within 7 business days of the date award is presented.

Intake of emergency application completed by: _____
Print name
Please initial
Date

Authorized By: _____ **Date of Authorization:** _____
 Edward J. Swinkoski, Director of Finance & Administration,
 Director of Community Services and Recreation

Date receipt(s) returned: _____

**DEPARTMENT OF COMMUNITY SERVICES AND RECREATION
EMERGENCY FUND
GUIDELINES AND DISCLAIMERS**

SUMMARY

The Department of Community Services and Recreation manages this fund in order to financially assist town residents during emergencies. The emergency fund is broken down into 4 sub categories:

Emergency Fuel

Emergency Food

Emergency Miscellaneous (*Emergency housing or displacements, emergency housing repairs, medical, prescriptions, eyeglasses, diapers, clothing*), or any other emergency situations

Toys for children for families in need

ELIGIBILITY REQUIREMENTS

Applicants must be a resident of the town of North Haven. In addition they must:

- provide photo identification
- complete the application for assistance
- when available, provide utility bill (U.I., S.C.G.) or any other supporting documentation detailing current emergency situation
- present supporting documentation to verify income (i.e. most recent pay stub for each working individual in the household, social security statement)
- provide most recent bank statement of each household member (over the age of 18)

Additionally...

- Combined household income should not exceed 60% of the Annual State Median Income Guidelines
- Assets should not exceed \$5,000 (*for homeowners*) or \$3,500 (*for renters*)
- Residents must be up to date with payment of their property taxes

DISCLAIMERS

- Awards may be granted once per household, per calendar year at the approximate amount of \$250.00.
- Requests can be granted if meeting eligibility requirements and based upon availability of funds. Compliance with eligibility requirements does not necessarily guarantee the fulfillment of the request.
- ***Emergency Fuel:*** Amount of fuel is limited to 100 gallons of fuel per household/per year and secondary to CT Energy Assistance Program. Assistance can be increased due to special circumstances.
- The Town reserves the right to verify the accuracy of an emergency assistance request (i.e. that a household's oil tank is empty). In the case of a fuel request, spot checks may be arranged by the Town with the oil company delivering the emergency fuel. If it is discovered that the household provided a false statement on their emergency application, the household will forfeit the right to emergency assistance moving forward.
- ***Emergency Food:*** Qualified households may receive one (1) \$25.00 Stop and Shop gift card once a month for a rolling twelve (12) months.
 - Grocery receipts must be returned within one business day that the gift card is issued.
 - Gift cards are solely intended for the use of purchasing necessary perishable foods.
 - Residents' failure to return the receipt, or use of gift cards to purchase inappropriate items (i.e. cigarettes, alcohol) will result in the resident's forfeiture of the program for the future.
 - If a month (or months) elapse and an applicant does not request their monthly card, they will not be entitled to a gift card from these missed months.
- Determinations are made by the discretion of the Director of Community Services and Recreation on a case by case basis.

Under special circumstances, some eligibility requirements may be waived with the approval of the Director of Community Services and Recreation.

I have reviewed and understand these Emergency Fund Guidelines and Disclaimers.

Please initial. Date